

CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

CITY OF TITUSVILLE DEPARTMENT OF HEALTH		No. of Risk Factor/Interventions Violations		Date	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration 3/16/2018	
Establishment The Blue Canoe		Location 113 S. Franklin St.		Phone 406-599-2477	
License / Permit #	Contact/Permit Holder Bill Zimmer	Purpose of Inspection Routine Follow-up	Est Type FS RS _____	Risk Category High Medium Low	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item Mark "X" in appropriate box for COS and/or R
IN = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
Demonstration of Knowledge							
1	IN <u>OUT</u>	Certification by accredited program, compliance with Code, or correct responses		X			
Employee Health							
2	IN OUT	Management awareness; policy present					
3	IN OUT	Proper use of reporting, restriction & exclusion					
Good Hygienic Practices							
4	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use					
5	IN OUT N/O	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands							
6	IN OUT N/O	Hands clean & properly washed					
7	IN OUT N/A N/O	No bare hand contact with RTE foods or approved alternate method properly followed					
8	IN OUT	Adequate handwashing facilities supplied & accessible					
Approved Sources							
9	IN OUT	Food obtained from approved source					
10	IN OUT N/A N/O	Food received at proper temperature					
11	IN OUT	Food in good condition, safe & unadulterated					
12	IN OUT N/A N/O	Required records available: shelf stock tags, parasite destruction					
Protection from contamination							
13	IN OUT N/A	Food separated & protected					
14	IN <u>OUT</u> N/A	Food-contact surfaces: cleaned & sanitized		X			
15	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food					
Potentially Hazardous Food Time/Temperature							
16	IN OUT N/A N/O	Proper cooking time & temperatures					
17	IN OUT N/A N/O	Proper reheating proc for hot holding					
18	IN OUT N/A N/O	Proper cooling time & temperatures					
19	IN OUT N/A N/O	Proper hot holding temperatures					
20	IN OUT N/A	Proper cold holding temperatures					
21	IN <u>OUT</u> N/A N/O	Proper date marking & disposition				X	
22	IN OUT N/A N/O	Time as public health control; proc & rec					
Consumer Advisory							
23	IN OUT N/A	Consumer advisory provided for raw or undercooked foods					
Highly Susceptible Populations							
24	IN OUT N/A	Pasteurized foods used; prohibited foods not offered					
Chemical							
25	IN OUT N/A	Food additives: approved & properly used					
26	IN OUT N/A	Toxic substances properly identified, stored & used					
Conformance with Approved Procedures							
27	IN OUT N/A	Compliance with variance, specialized process, & HACCP plan					
Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.							

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

	COS	R		COS	R
Safe Food and Water					
28			Pasteurized eggs used where required		
29			Water & ice from approved source		
30			Variance obtained for specialized processing methods		
Food Temperature Control					
31			Proper cooling methods used; adequate equipment for temperature control		
32			Plant food properly cooled for hot holding		
33			Approved thawing methods used		
34			Thermometers provided & accurate		
Food Identification					
35	X		Food properly labeled; original container		
Prevention of Food Contamination					
36			Insects, rodents & animals not present; no unauthorized persons		
37	X		Contamination prevented during prep, storage & display		
38			Personal cleanliness		
39			Wiping cloths: properly used & stored		
40			Washing fruits & vegetables		
Proper Use of Utensils					
41			In-use utensils: properly stored		
42			Utensils, equip & linens: properly stored, dried & handled		
43			Single-use & single-service articles: properly stored & used		
44			Gloves used properly		
Utensils, Equipment and Vending					
45			Food & non-food contact surfaces cleanable, properly designed, constructed & used		
46			Warewashing facilities: installed, maintained, used: test strips		
47	X		Non-food contact surfaces clean		
Physical Facilities					
48			Hot & cold water available; adequate pressure		
49			Plumbing installed; proper backflow devices		
50			Sewage & waste water properly disposed		
51			Toilet facilities: properly constructed, supplied & cleaned		
52			Garbage & refuse properly disposed; facilities maintained		
53	X		Physical facilities installed, maintained & clean		N/A
54			Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature) _____

 Follow-up: YES NO (Circle one)

Inspector (Signature) _____

Follow-up Date: _____

APPROVED
NEW
RE-NEW
RE-INSPECT

